BC Laboratories, Inc. — Chain of Custody Form

*Required Fields

Report To:
Client:*

Attn:*

Street Address:*

City:* **State:*** **Zip:***

Phone#:*( ) - Fax#: ( ) -

Email Address:

Submission #:

Project Description:*

Project Code:*

Sampler (s):*

Analysis Requested

Billing

Client:*

Attn:*

Address:*

City:* **State:*** **Zip:***

Are there any tests with holding times?
less than or equal to 48 hours?

☐ Yes ☐ No

*Standard Turnaround = 10

Sample #	Sample Description	Date	Time	Matrix*											Notes

Matrix Types: S = Soil SL = Sludge DW = Drinking Water WW = Wastewater GW = Groundwater L = Liquid M = Miscellaneous O = Other

Turnaround # of working days:* ☐ 24 Hr Rush ☐ 48 Hr Rush ☐ 3-5 Day Rush ☐ Normal (10 – Days)

Lab TAT Approval: _____ *Additional Charges May Apply

Comments:

☐ **MBU Site**
☐ **CVX RCRA**
☐ **Geotracker 5 File (CA Default)**
☐ **Geotracker 2 File**
☐ **Other (Specify)** _____

Cost Center: _____ **Global ID:** _____

	Date	Time		Date	Time
1. Relinquished By:			**1.Received By:**		
2. Relinquished By:			**2.Received By:**		
3. Relinquished By:			**3.Received By:**		